


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000078336

1. Entity Name
LIFETIME FINANCIAL CORPORATION



Principal Place of Business Mailing Address

**13992 W. HILLS BOROUGH AVE.
TAMPA, FL 33635** **13992 W. HILLS BOROUGH AVE.
-TAMPA, FL 33635**

DO NOT WRITE IN THIS SPACE



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3472755 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CICETTI, ROBERT
13992 W HILLS BOROUGH AVE
TAMPA, FL 33635**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE **07/14/05-80002-003 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CICETTI, ROBERT 13992 W HILLS BOROUGH AVE TAMPA, FL 33635 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Cicetti **ROBERT CICETTI** 7-12-05 813-855-8482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #